

ASSEMBLY BILL

No. 879

Introduced by Assembly Member Koretz

February 20, 2003

An act to add Chapter 16 (commencing with Section 121345) to Part 4 of Division 105 of the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL'S DIGEST

AB 879, as introduced, Koretz. Human immunodeficiency virus: Post-exposure prophylaxis: task force.

Existing law makes provision for various programs relating to treatment of persons with the human immunodeficiency virus (HIV) and the acquired immune deficiency syndrome (AIDS). Under existing law, the Office of AIDS in the State Department of Health Services, which is the lead agency within the state, is responsible for coordinating state programs, services, and activities relating to HIV and AIDS, and AIDS-related conditions (ARC).

This bill would require the department, through the Office of AIDS, to convene a task force to develop guidelines for the use of post-exposure prophylaxis (PEP) in the general population. The bill would also establish requirements for task force membership and meetings.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

1 (a) Post-exposure prophylaxis (PEP) was first developed as a
2 means to prevent human immunodeficiency virus (HIV)
3 infections following accidental needle stick exposures by health
4 care workers. The treatment usually involves a two to four week
5 regime of antiretroviral drugs, beginning within hours of the HIV
6 exposure.

7 (b) PEP is a common method of preventing HIV transmission
8 following sexual assaults. It is also used in combination with other
9 methods in preventing mother-child transmission of HIV.
10 Increasingly, PEP is being used to reduce HIV infections
11 following unplanned sexual exposures.

12 (c) Guidelines for PEP to reduce the risk of HIV transmission
13 are available for physicians who treat health care workers and
14 female victims of sexual assault in the State of California, as part
15 of an overall comprehensive HIV prevention strategy. However,
16 there are no guidelines addressing the use of PEP in nonassault
17 exposures among the general population.

18 (d) Several countries, including France, Canada, and South
19 Africa, as well as the states of Rhode Island and Massachusetts
20 have PEP guidelines to prevent infection after sexual exposure for
21 the general population. Results from these jurisdictions have
22 shown fewer HIV transmissions for those receiving PEP after a
23 potential sexual exposure compared to those who did not receive
24 PEP after a potential sexual exposure.

25 (e) Guidelines from these entities, although effective, vary on
26 several key points and need to be studied to best meet the needs of
27 California residents. These include the efficacy and safety of
28 treatment regimens, risk assessment evaluation, duration of
29 treatment, length of time between exposure and commencement
30 of PEP treatment, patient counseling, physician education and
31 support, as well as evaluation and patient tracking.

32 (f) Preventing the spread of HIV is of paramount importance
33 to public health. Effective use of PEP is extremely cost-effective
34 when comparing the expense of a few weeks of antiretroviral drugs
35 versus a lifetime of pharmaceutical and other medical treatments.
36 Therefore, the Office of AIDS in the State Department of Health
37 Services should develop PEP guidelines for use in incidents of
38 HIV exposure in the general population.



SEC. 2. Chapter 16 (commencing with Section 121345) is added to Part 4 of Division 105 of the Health and Safety Code, to read:

CHAPTER 16. POST-EXPOSURE PROPHYLAXIS

121345. (a) The department, through its Office of AIDS, shall convene a task force to develop guidelines for the use of post-exposure prophylaxis (PEP) in the general population, for the prevention of human immunodeficiency virus (HIV) infection.

(b) In performing its duties under this chapter, the task force shall review and consider PEP guidelines established by other jurisdictions, both in the United States and abroad.

121346. (a) The task force shall consist of no more than 10 members, including, but not be limited to, representatives from all of the following:

- (1) Physicians.
- (2) HIV-positive individuals.
- (3) HIV service providers.
- (4) The pharmaceutical industry.
- (5) The Office of Aids.

(b) In order to operate in as cost-effective a manner as possible, the task force shall be subject to all of the following:

- (1) It shall meet as few times as necessary to perform its duties.
- (2) Its meetings shall be conducted by conference call, whenever possible.
- (3) Its members shall not be compensated or receive travel allowances or other reimbursement.